MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

Description	At PECIDENCE /Where decared lived 15 to the state	. Deside 1 -
Description of the policy of t	TT L COLLEGE	: Residence befor admission)
ADDRESS Wildling ADDRESS ADDRESS ADDRESS ADDRESS Wildling ADDRESS	TŸ	Inside Limits
ADDRESS 1 (TO STRING, 19th Reference of the property of the pr	St. Louis	Yes □ No □
3. NAME OF BECASSD First Middle Death Jan. 6 (Type or print) S. SEX S. COLOR OR RACE White Tob. USUAL OCCUPATION (Give kind of work dome) White Tob. USUAL OCCUPATION (Give kind of work dome) At Home 10a. USUAL OCCUPATION (Give kind of work dome) Though Sever (Ferifed) At Home 10a. USUAL OCCUPATION (Give kind of work dome) At Home 10b. WAS DECASSD EVER IN U.S. RAMED FORCER William Callaham S. WAS DECASSD EVER IN U.S. RAMED FORCER (Yes, no, go unknown) [Iff yes, give, war or detest White OO OUT OF A COLOR	DDRESS	Reside on Farm
LULU LOUISE DYE DEATH Jan. 6		Yes No C
5. SEX		Year
Pemale White Widowed ID Divorced 8-27-1878 84 Months Days Months Days Months Days Months Days Months Months Days Months Mo	O dan.	1963
100. USA OCCUPATION COINE kind of work done driving with the property of working life, even if retired) At Home At Home At Home At Home At Home At Home Is. MARE OF HUSBAND OR WIFE William Callahan Is. WAS DECEASED EVER IN U.S. ARNEED FORCER William Callahan Is. WAS DECEASED EVER IN U.S. ARNEED FORCER (Yes, no. No. Or DEATH (in retired) Marry Welch Is. WAS DECEASED EVER IN U.S. ARNEED FORCER (Yes, no. No. Or DEATH (in retired) Marry Welch Is. CAUSE OF DEATH (in retired) Is.		
13b. MATHER'S NAME William Callahan 15. WAS DECEASED EVER IN U.S. ARMED FORCET 15. WAS DECEASED EVER IN U.S. ARMED FORCET 16. CAUSE OF DEATH (Enter only one cause Devine on Unit PART I. DEATH WAS CAUSED BY PART I. DEATH WAS CAUSED BY III. CAUSE OF DEATH (Enter only one cause Devine on Unit PART I. DEATH WAS CAUSED BY III. CAUSE OF DEATH (Enter only one cause Devine on Unit PART II. DEATH WAS CAUSED BY III. CAUSE OF DEATH (Enter only one cause Devine on Unit PART II. DEATH WAS CAUSED BY III. CAUSE OF DEATH (Enter only one cause Devine on Unit PART II. DEATH WAS CAUSED BY III. CAUSE OF DEATH (Enter only one cause Devine on Unit PART II. DEATH WAS CAUSED BY III. CAUSE OF DEATH (Enter only one cause Devine on Unit PART II. DEATH WAS CAUSED BY III. CAUSE OF DEATH (Enter only one cause Devine on Unit PART II. DEATH WAS CAUSED BY III. CAUSE OF DEATH (Enter only one cause Devine on Unit PART II. DEATH WAS CAUSED BY III. CAUSE OF DEATH (Enter only one cause Devine on Unit PART II. DEATH WAS CAUSED BY III. CAUSE OF DEATH (Enter only one cause Devine on Unit PART II. DEATH WAS CAUSED BY III. CAUSE OF DEATH (Enter only one cause Devine on Unit PART II. DEATH WAS CAUSED BY III. CAUSE OF DEATH (Enter only one cause Devine on Unit PART II. DEATH WAS CAUSED BY III. CAUSE OF DEATH (Enter only one cause Devine on Unit PART II. DEATH WAS CAUSED BY III. CAUSE OF DEATH (Enter only one cause Devine on the deceased one one one cause Devine on the Couse one of the C		F WHAT COUNTRY
15. WAS DECEASE EVER IN U.S. ARMED FORCES (Yes, no., winknown) (If yes, give, war of detes (Yes, no., winknown) (If yes, give, war of detes (Yes, no., winknown) (If yes, give, war of detes (Yes, no., winknown) (If yes, give, war of detes (Yes, no., winknown) (If yes, give, war of detes (Yes, no., winknown) (If yes, give, war of detes (Yes, no., winknown) (If yes, give, war of detes (Yes, no., winknown) (If yes, give, war of detes (Yes, no., winknown) (If yes, give, war of detes (Yes, no., winknown) (If yes, give, war of detes (Yes, no., winknown) (If yes, give, war of detes (Yes, no., winknown) (If yes, give, war of detes (Yes, no., winknown) (If yes, give, war of detes (Yes, no., winknown) (If yes, give, war of detes (Yes, no., winknown) (If yes, give, war of detes (Yes, no., winknown) (If yes, give, war of detes (Yes, no., winknown) (If yes, give, war of detes (Yes, no., winknown) (If yes, give, war of detes (Yes, no., winknown) (If yes, give, give, war of detes (Yes, no., winknown) (If yes, give, war of detes (Yes, no., winknown) (If yes, give, give, and give,	ēm. Mo. U.S.	Α.
15. WAS DECEASE EVER IN U.S. ARMED FORCES (Yes, no., winknown) (If yes, give, wor detest NODE) 18. CAUSE OF DEATH Enter only one cause of the service of th		
Conditions, if any, which gave rise to above cause (shipting cause last.) Due to (c)		re
18. CAUSE OF DEATH (Enter only one cause Demonstrate CAUSE (a) Conditions Farty Due to (b) Arterosclerotic Vascular Disease Not show cause (a) Secretary Due to (c) Arterosclerotic Vascular Disease Not show cause (a) Secretary Due to (c) Arterosclerotic Vascular Disease Not show cause (a) Secretary Due to (c) Arterosclerotic Vascular Disease Not show cause (a) Secretary Due to (c) Arterosclerotic Vascular Disease Not show cause (a) Secretary Due to (c) Arterosclerotic Vascular Disease Not show cause (a) Secretary Due to (c) Arterosclerotic Vascular Disease Not show cause (a) Secretary Due to (c) Arterosclerotic Vascular Disease Not show cause (a) Secretary Due to (c) Arterosclerotic Vascular Disease Not show cause (a) Secretary Due to (c) Arterosclerotic Vascular Disease Not show cause (a) Secretary Due to (c) Arterosclerotic Vascular Disease Not show cause (a) Secretary Due to (c) Arterosclerotic Vascular Disease Not show cause (a) Secretary Due to (c) Arterosclerotic Vascular Disease Not show cause (a) Secretary Due to (c) Arterosclerotic Vascular Disease Not show cause (a) Secretary Due to (c) Arterosclerotic Vascular Disease Not show cause Secretary Due to (c) Arterosclerotic Vascular Disease Not show cause Secretary Due to (c) Arterosclerotic Vascular PART II. If decessed weather (a) Secretary Secretar		
MAMEDIATE CAUSE (a) Cerebral Hemorrhage 2		NTERVAL BETWE
which gave rise to above cause (s) stating the under lying cause last. DUE TO (c) PART II., OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (s) PART III., OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal there is pregnagory in PART II. If deceased was there is pregnagory in PART III. If deceased was there is pregnagory in PART III. If deceased was there		ONSET AND DEA 2 days
which gave rise to above cause (a) stating the underlying cause last. PART II., OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal part light by present at the program of the program		E vayo
WHILE AT WORK 206. PLACE OF INJURY (e.g., in or about home. 20f. CITY, TOWN, OR LOCATION COUNTY farm, factory, street, office bidg., etc.) Comparison of the decessed from 1959 1	lar Disease	not know
Variable	2017	
Gisease condition given in PART (s) Yes No Yes No Yes No	<u> </u>	
19. WAS AUTOPSY: 20a. ACCIDENT: SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I of its performed). 20c. TIME OF Hour Month; Day, Year INJURY OCCURRED 20c. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY farm, factory; street, office bldg.; etc.) 20c. VIME AT WORK 20c. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY farm, factory; street, office bldg.; etc.) 20c. VIME AT WORK 20c. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY farm, factory; street, office bldg.; etc.) 20c. VIME AT WORK 20c. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY farm, factory; street, office bldg.; etc.) 20c. VIME AT WORK 20c. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY farm, factory; street, office bldg.; etc.) 20c. VIME AT WORK 20c. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY farm, factory; street, office bldg.; etc.) 20c. VIME AT WORK 20c. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY farm, factory; street, office bldg.; etc.) 20c. VIME AT WORK 20c. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY farm, factory; street, office bldg.; etc.) 20c. VIME AT WORK 20c. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY farm, factory; street, office bldg.; etc.) 20c. VIME AT WORK 20c. PLACE OF INJURY (e.g., in or about home, 20c. CITY, TOWN, OR LOCATION COUNTY farm, factory; street, office bldg.; etc.)	related to the terminal PART III. If deceased there/a-pregi	was female napcy in last 90
20d: INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, location county farm, factory, street, office bldg., etc.) 20d: INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, location county farm, factory, street, office bldg., etc.) 21. I attended the deceased from 1959 ; to present and last saw her alive on 1/5/63 Death occurred at 7:30 Ae m on the date stated above, and to the best of my knowledge, from the causes 22c. 31:00 No. Kingshightery St. Louis 21.	Ŭ Yes X	No Unki
20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY farm, factory, street, office bldg., etc.) 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY farm, factory, street, office bldg., etc.) 21. I attended the decessed from 1959 to present and lest saw her alive on 1/5/63 Death occurred at 7:30 A. m on the date stated above, and to the best of my knowledge, from the causes. 22e. ADDRESS 21. I of the date stated above, and to the best of my knowledge, from the causes.	OCCURRED. (Enter nature of injury in PART I or PART	II of item 18.).
20d: INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, with the property of the bldg, etc.) 20d: INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg, etc.) 20d: INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg, etc.) 20d: INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg, etc.) 21. I attended the deceased from 1959 3. To present and last saw her alive on 1/5/63 21. I attended the deceased from 7:30 Ae 3. To present 3. T	<u> </u>	
20d: INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, with the property of the bldg, etc.) 20d: INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg, etc.) 20d: INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg, etc.) 20d: INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg, etc.) 21. I attended the deceased from 1959 3. To present and last saw her alive on 1/5/63 21. I attended the deceased from 7:30 Ae 3. To present 3. T		
Not write At work 1959 195	TOWN, OR LOCATION COUNTY	STAT
21. I attended the decessed from 1959 22. I attended the decessed from 7:30 A.		•
Death occurred at 7:30 As m on the date stated above, and to the best of my knowledge, from the causes 22b. ADDRESS 31:00 No. Kingshighter St. Louise 1	and last saw her also on 1/5/63	
Deeth occurred at 22a. Signature (Degree or title) 22b. ADDRESS 3400 N. Kingshighway, St. Louis 1. 23a. BURIAT. CREMATION; 23b. DATE 23c. NAME OF CEMETERY. OR CREMATORY 23d. LOCATION (City, town, or county)		causes stated.
23a. BURIAT CREMATION; 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county)		22c. DATE SIG
23a. BURIAT, CREMATION; 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county)		1/7/63
	23d. LOCATION (City, town, or county)	(State)
Removal Jan. 9, 1963 Valhalla Cemetery St. Louis Co. Mo. Removal Jan. 9, 1963 Valhalla Cemetery St. Louis Co. Mo. 24. Funeral director Address JAN 7 1963 Kriegshauser 4228 S. Kingshighway Blyd. JAN 7 1963	St. Louis Co. Mo.	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is record	ded on the reverse side of this certificate was embalmed by me,
or by	, Student Embalmer No
working under my personal supervision.	9 Set
StudentSignature of Student Embelmer	Signed Sum A M Servet
	Licensed Embalmer No. 3024
	P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.